MDR: M4-02-3000-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

- 1. a. Whether there should be additional reimbursement of \$44,357.19, for dates of service 12/06/01 and extending through 12/07/01.
 - b. The request was received on 05/06/02.

II. EXHIBITS

- 1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. UB-92
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
- 2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
- 3. The response from the insurance carrier was received in the Division on <u>04/22/02</u>. The Commission's computer MDIS system states: "Additional documentation requested on 5/29/02 and rec'd from the requestor, however the additional documentation has not been rec'd from the carrier, therefore the file is forwarded to Waco for review." The Medical Review is unable to determine, without a Carrier's sign sheet, if the file is timely or not. Therefore, all of the information in the case file will be reviewed and a decision will be written accordingly.

III. PARTIES' POSITIONS

1. Requestor:

There is no position statement in the case file.

2. Respondent:

There was no response found in the case file.

MDR: M4-02-3000-01

IV. FINDINGS

- 1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on $\frac{12/06/01}{12}$ and extending through $\frac{12/07/01}{12}$.
- 2. The Provider billed the Carrier \$60,151.65 for the dates of service 12/06/01 and extending through 12/07/01.
- 3. The Carrier made a total reimbursement of \$15,794.46 for the dates of service $\frac{12/06/01}{12/07/01}$ and extending through $\frac{12/07/01}{12/07/01}$.
- 4. The amount left in dispute is \$44,357.19 for the dates of service $\frac{12/06/01}{12/07/01}$ and extending through $\frac{12/07/01}{12}$.

V. RATIONALE

Medical Review Division's rationale:

The medical reports indicate that the services were performed. The medical documentation submitted by the Requestor indicates that the total hospital bill was \$60,151.65. Per Rule 134.401(c)(5)(B), Rule states: "Reimbursement for certain ICD-9 Codes. When the following ICD-9 diagnosis codes are listed as the primary diagnosis, reimbursement for the entire admission shall be at a fair and reasonable rate:

(B) Burns (ICD-9 codes 940-949.9."

Per the Texas Worker's Compensation Act and Rules §413.011:

"(b) Guidelines for medical services fees must be fair and reasonable and designed to ensure the quality of medical care and to achieve effective medical cost control. The guidelines may not provide for payment of a fee in excess of the fee charged for similar treatment of an injured individual of an equivalent standard of living and paid by that individual or by someone acting on that individual's behalf. The commission shall consider the increased security of payment afforded by this subtitle in establishing the fee guidelines."

Provider did not submit any documentation that indicates fair and reasonable in their dispute packet, and documentation is insufficient to determine if the charges of the Requestor is fair and reasonable. This does not conform with the criteria in Sec. 413.011 (b). Therefore, additional reimbursement **is not** recommended.

MDR: M4-02-3000-01

The above Findings and Decision are hereby issued this 28th day of August 2002.

Michael Bucklin, LVN Medical Dispute Resolution Officer Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.